

Jan. 4. 2021 3:47PM City of Woodruff

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

No. 1517 P. 6

296463

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2021 - 24 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Glen Alexander

Telephone:

864 670 1182

Address:

415 Woodruff St
Woodruff, SC 29388

Fax:

Other:

Email:

GM Alexander38@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input checked="" type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
JAN 11 2021
PSC SC
MAIL / DMS

Jan. 4. 2021 3:47PM City of Woodruff

No. 1517 P. 7

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 12.9.2020

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. 4 All Occasions - Ride-N-Style
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name).

415 Woodruff St Woodruff, SC 29388
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

Phone

Fax

G M Alexander38@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Jan. 4. 2021 3:47PM

City of Woodruff

No. 1517 P. 8

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:

Value of Real Estate

0

Value of Motor Vehicles

5000.00

Cash on Hand

300.00

Cash in Bank

700.00

Value of Other Assets and Equipment

4500.00

Total Assets

10,500.00

Liabilities:

Mortgage/Loan on Real Estate

0

Loans Owed on Motor Vehicles

0

Business/Other Loans Owed

0

Other Liabilities or Debts

0

Total Liabilities

0

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

Jan. 4. 2021 3:47PM

City of Woodruff

No. 1517 P. 9

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

*\$40- and hour
min 2 Hours*

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|---------------------------------------|--|---|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input checked="" type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input checked="" type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input checked="" type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input checked="" type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input checked="" type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input checked="" type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

Jan. 4. 2021 3:48PM City of Woodruff

No. 1517 P. 12

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

[illegible]

Jan. 4. 2021 3:48PM City of Woodruff

No. 1517 P. 13

INSURANCE QUOTEThis form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Glen Alexander

Name of Applicant

415 Woodruff St Woodruff, SC. 29388

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ _____

Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Geico - Commercial auto

Name of Insurance Company

1314 Douglas St. Suite 1300 Omaha NE 68102

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Jan. 4. 2021 3:48PM

City of Woodruff

No. 1517 P. 14

NEW

RENEWAL NUMBER

CROSS REFERENCE NUMBER

03 APG 093141 - 01

CYPRESS INSURANCE COMPANY

1 California Street, Suite 800
San Francisco, CA 94111
1-800-356-5750☐ The Declarations
include a second part
designated "Part 2".

BUSINESS AUTO COVERAGE DECLARATIONS

Producer

GEICO Insurance Agency, Inc.
One GEICO Blvd
Fredericksburg, VA 22412

ITEM ONE NAMED INSURED & ADDRESS

GLEN ALEXANDER
DBA: 4 ALL OCCASIONS RIDE N STYLE
415 WOODRUFF ST
WOODRUFF, SC 29388

FORM OF NAMED INSURED'S BUSINESS: Individual

NAMED INSURED'S BUSINESS: LIMOUSINE/LUXURY TRANSPORTATION

POLICY PERIOD: Policy covers FROM 12/09/2020 1:08 PM TO 12/09/2021 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	See M 5174 (08/2004)	\$ 768
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS	7	See CA 2189 (12/2013)	\$ 95
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)	7	See CA 2190 (12/2013)	\$ 142
PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE		\$	\$
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE		\$	\$
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)		PREMIUM FOR ENDORSEMENTS	\$
		ESTIMATED TOTAL PREMIUM	\$ 995
ENTER SYMBOL 10 DESCRIPTION HERE:			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED BY THE INSURED.			
ITEM THREE - SCHEDULE OF COVERED AUTOS AS ATTACHED			

Countersigned At _____ By _____

In Witness whereof, we have caused this policy to be executed and attested.

AUTHORIZED SIGNATURE

Secretary

President

Jan. 4. 2021 3:49PM City of Woodruff

No. 1517 P. 15

SOUTH CAROLINA LIABILITY INSURANCE IDENTIFICATION CARD

An insurance policy has been issued that meets requirements of South Carolina Financial Responsibility Law of 1977.

COMPANY NUMBER 03	COMPANY Cypress Insurance Company	
POLICY NUMBER 03 APG 093141 - 01	EFFECTIVE DATE 12/09/2020 1:08 PM	EXPIRATION DATE 12/09/2021 12:01 AM
YEAR 2001	MAKE/MODEL LINCOLN TOWN CAR	VEHICLE IDENTIFICATION NUMBER 1L1FM81W81Y652610
AGENCY/COMPANY ISSUING CARD GEICO Insurance Agency, Inc. One GEICO Blvd Fredericksburg, VA 22412		
INSURED GLEN ALEXANDER DBA: 4 ALL OCCASIONS RIDE N STYLE 415 WOODRUFF ST WOODRUFF, SC 29388		

M-4566a (11/1999) SEE IMPORTANT NOTICE ON REVERSE SIDE

----- CUT ALONG THIS LINE -----

**THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
bhhccclaim@bhhc.com

SOUTH CAROLINA LIABILITY INSURANCE IDENTIFICATION CARD

An insurance policy has been issued that meets requirements of South Carolina Financial Responsibility Law of 1977.

COMPANY NUMBER 03	COMPANY Cypress Insurance Company	
POLICY NUMBER 03 APG 093141 - 01	EFFECTIVE DATE 12/09/2020 1:08 PM	EXPIRATION DATE 12/09/2021 12:01 AM
YEAR 2001	MAKE/MODEL LINCOLN TOWN CAR	VEHICLE IDENTIFICATION NUMBER 1L1FM81W81Y652610
AGENCY/COMPANY ISSUING CARD GEICO Insurance Agency, Inc. One GEICO Blvd Fredericksburg, VA 22412		
INSURED GLEN ALEXANDER DBA: 4 ALL OCCASIONS RIDE N STYLE 415 WOODRUFF ST WOODRUFF, SC 29388		

M-4566a (11/1999) SEE IMPORTANT NOTICE ON REVERSE SIDE

----- CUT ALONG THIS LINE -----

**THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
bhhccclaim@bhhc.com

----- CUT ALONG THIS LINE -----

Jan. 4. 2021 3:49PM City of Woodruff

No. 1517 P. 16

GLEN ALEXANDER
03APG093141-01
Quote #: 11221388

M-5638 (01/2019)
Cypress Insurance Company

II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

\$25,000 / \$50,000 / \$25,000 minimum limits of Uninsured Motorist Coverage are automatically provided by your Policy.

<u>Additional Limits of Coverage</u>	<u>Premium Cost</u>
\$30,000/ \$60,000/ \$25,000	\$80
_____	_____
_____	_____

Your Policy's Liability Coverage Limits:

\$50,000/ \$100,000/ \$25,000	\$95
-------------------------------	------

☐ I reject additional Uninsured Motorist Coverage

☒ I select additional Uninsured Motorist Coverage at the following limits: \$50,000/ \$100,000/ \$25,000

III. OFFER OF OPTIONAL UNDERINSURED MOTORIST COVERAGE

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$113
\$30,000/ \$60,000/ \$25,000	\$120
_____	_____
_____	_____

Your Policy's Liability Coverage Limits:

\$50,000/ \$100,000/ \$25,000	\$142
-------------------------------	-------

☐ I reject optional Underinsured Motorist Coverage

☒ I select optional Underinsured Motorist Coverage at the following limits: \$50,000/ \$100,000/ \$25,000

IV. APPLICANT'S ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read -- or I have had read to me -- the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: _____

Your Signature: _____

Today's Date: _____

Your Address: _____

Jan. 4. 2021 3:48PM City of Woodruff

No. 1517 P. 11

Exhibit Fit, Willing, and Able (FWA)Glen Alexander

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

Jan. 4. 2021 3:46PM

City of Woodruff

No. 1517 P. 5

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.


S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature


Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Spartanburg)

SWORN TO BEFORE ME
This 19 day of December, 2020


Notary Public

ROSE TALLEY
Notary Public, State of South Carolina
My Commission Expires 1/28/2025

Commission Expires 1/28/2025

Jan. 4. 2021 3:46PM City of Woodruff

No. 1517 P. 4

Class C Charter Certificate

Any limo/shuttle that will transport people in exchange for payment requires a Class C charter certificate.

The application can be found at psc.sc.gov under "forms" - I have attached a copy.

General Office #: 803-737-0800

➔ Questions? Call Jena Sarrell 803-737-0800 or email jsarrell@ors.sc.gov

2021-01-09 09:12

BI-LOPHARMACY#5042 8644766012 >> 803 896 5199

P 1/3

Filing ID: 201228-1432037

Filing Date: 12/28/2020

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company ~ Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name)

4 ALL OCCASIONS RIDE-N-STYLE LLC

Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
415 woodruff st

(Street Address)

woodruff, South Carolina 29388

(City, State, Zip Code)

3. The initial agent for service of process is

LegalCorp Solutions, LLC

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
6650 Rivers Avenue

(Street Address)

North Charleston

(City)

South Carolina 29406

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

glen alexander

(Name)

415 woodruff st

(Street Address)

woodruff, South Carolina 29388

(City, State, Zip Code)

2021-01-09 09:12

BI-LOPHARMACY#5042 8644766012 >> 803 896 5199

P 2/3

4 ALL OCCASIONS RIDE-N-STYLE LLC

Name of Limited Liability Company

(b) Glen Alexander

(Name)

415 Woodruff St

(Street Address)

Woodruff, SC 29388

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☒ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____

2021-01-09 09:12

BI-LOPHARMACY#5042 8644766012 >> 803 896 5199

P 3/3

4 ALL OCCASIONS RIDE-N-STYLE LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

glen alexander

Signature of Organizer

Date: 12/28/2020

Signature of Organizer

Date: 1-9-21